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MONTANA CHILD SUPPORT GUIDELINES

A User's Guide

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MONTANA DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES

This booklet gives a short history and explains the purpose of the Montana Child Support Guidelines, adopted July 31, 1992. It provides simple instructions for completing a child support determination worksheet. The booklet also includes definitions of commonly used terms and examples of guideline calculations.

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Note: Words in the text of this booklet printed in **bold print** are defined in the section *"What Do the Words Mean?"*.

If you have questions about the guidelines, please call the **CSED** Customer Service Unit at (406) 442-7278.

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HISTORY

There were no specific guidelines for child support in the State of Montana until 1987. In 1979 the Child Support Enforcement Bureau established a formula for calculating support for children who received public assistance benefits or "Aid to Families with Dependent Children". This formula did not apply in cases where no one was receiving public assistance and the courts were deciding child support amounts. Each court case involving child support was decided by the individual judge hearing the matter. This meant that there was a great deal of variation in the amounts awarded. In response to concerns expressed by parents, lawyers and judges-as well as a mandate from Congress-the Montana Supreme Court adopted child support guidelines in 1987. Parents, attorneys and judges did not have to use these guidelines, but they gave a starting point to help them calculate child support.

In 1989 the Federal government required states to adopt mandatory child support guidelines. Montana adopted the guidelines which were used for several years. However, it became clear the previous guidelines needed major changes. The Child Support Enforcement Division (the **CSED**) researched guidelines used in other states and concluded that Delaware's Melson formula would be the best choice, since it was flexible enough to meet the needs of most families. The **CSED** also adapted the guidelines to better fit Montana families. The **CSED** sent these guidelines to every judge and attorney in Montana for comments and changes and considered comments from the public before the guidelines were adopted in July of 1992.

BEFORE YOU BEGIN CALCULATIONS

It is important to realize that the money paid according to the guidelines provides for the children of a marriage or relationship. The guidelines are not designed to punish or reward either parent.

Filling out the child support worksheet will be easier if you gather the following documents to help you:

A) Copies of your tax returns for the past two years.

B) Information on your current income (current pay stubs, current information on unemployment benefits, social security disability income, workers' compensation payments, interest or dividend income, or any other income you may be receiving).

C) W-2 forms, 1099 forms.

D) If you are self-employed or receive profits from a corporation, partnership or rental property you will need a profit and loss statement.

E) Information on your **assets**:

i) The **net value** of your cars or passenger trucks.
ii) The **net value** of any recreational vehicles (snowmobiles, motorcycles, campers, boats, etc.).
iii) The **net value** of any real estate (houses and land).
iv) The **net value** of your bank accounts, certificates of deposit, municipal or savings bonds, stocks.

You will need the following information for the children for whom the support is calculated:

F) The amount of any day care costs.

G) The amount for medical insurance premiums and any **extraordinary medical expenses**.

Two sets of forms are important in setting child support amounts. You will need a Financial Affidavit from each parent and the Child Support Determination Worksheets A, B, C, and D.

The Financial Affidavit is required by **CSED** when support is **administratively** set. A similar form is required by the court when support is **judicially** set.

There are four Child Support Determination Worksheets. Check the section on filling out the worksheets to determine which worksheets you need to complete.

FILLING OUT THE FINANCIAL AFFIDAVIT

It is important that you fill out the entire form if you are asked to do so by the **CSED** or a court. The more information you furnish, the greater the accuracy of the child support obligation.

Section A - Personal Information

This section asks for facts about you. You do not have to provide your social security number, but it will help in establishing support and tracking your child support case.

It is important for you to tell about your education. This information, along with your past work and health history, will be used to help determine your **imputed income** if necessary.

It is important for you to indicate your tax filing status and to provide information on exemptions to accurately calculate child support.

Section B - Children

Put down the full legal name and date of birth of each of your children. Tell who the child lives with. This will affect the support obligation. It is important to indicate if you pay support for a child and the monthly amount.

MONTANA CHILD SUPPORT GUIDELINES
FINANCIAL AFFIDAVIT

INSTRUCTIONS FOR COMPLETING THIS FORM: This form is a legal document. **It must be signed and notarized.** Provide complete information. If a question or statement does not apply to you, DO NOT LEAVE BLANK. Instead, mark it as "Not Applicable" or "N/A." Your social security number is requested on this form. No state law requires you to give this number. Child Support Enforcement Division (CSED) uses these numbers to track cases on the computer and to apply payments to the correct case. CSED also uses the numbers to locate assets and to enforce support obligations. In an enforcement action, the other party may discover social security numbers provided to the CSED. In a CSED case, you may request protection of specific information contained in this document by contacting your CSED caseworker.

A. PERSONAL INFORMATION

Name: _____ Social Security No._____

Address:_____ Telephone No. ( )_____

_____ Date of Birth _____

1. Did you finish high school? ☐ Yes ☐ No Case/Cause # _____
   If no, indicate highest grade completed: _____

List all schools attended following high school. Include vocational-technical training school, college or university, trade school. Attach additional pages as needed.

Name	Course of Study	Completion Date	Degree/Diploma

2. What is your filing status? ☐ Single ☐ Head of Household ☐ Married - Joint ☐ Married - Separate
   How many exemptions do you claim on your tax return _____
   List the people you claim as tax exemptions:_____

B. CHILDREN

1. List **all** of your natural and adopted children (do not include stepchildren)

Child's Full Name	Date of Birth Month/Day/Year	Who does child live with?	Are you ordered to pay support for this child?
			☐Yes ☐No $_____ amount/month
			☐Yes ☐No $_____ amount/month
			☐Yes ☐No $_____ amount/month
			☐Yes ☐No $_____ amount/month
			☐Yes ☐No $_____ amount/month
			☐Yes ☐No $_____ amount/month

Attach additional pages as needed. **ATTACH A COPY OF ANY ORDER REQUIRING CHILD SUPPORT TO BE PAID FOR THESE CHILDREN.**

CS-404.6A
(REV 1/95)

SECTIONS A and B - *About you and all of your children*

Section B *(continued)*

If any of the children has day care expenses, **extraordinary medical expenses**, or receives any benefits based on the earning record of a parent, you must provide information on the monthly cost paid (actual or average) or benefit received. Use the chart at the top of page 2 of the Financial Affidavit to record the monthly amounts. Also, it is important to put down exactly how many days and nights a child stays with you.

If you get money back for paying any of the expenses you listed on the chart (such as insurance payments), you need to provide this information.

If any of the children has a medical condition which requires on-going medical treatment please describe the problem. For example, a child may have diabetes, asthma, cancer, or even frequent ear infections.

If you have insurance, or if it is available to you through your employer or union, please put down complete information about that insurance.

Whenever you need extra space for an answer, you may attach extra pages.

2. Complete the table below for all children shown in the previous table.

Child's First Name	Day Care Costs (per month)	Extraordinary Medical Expenses (per month)	Dependent's Benefits Received (per month) *	How many days and nights does child spend with you per year?

Attach proof of expenses paid and benefits received.

*** For example - Social Security Benefits**
Veteran's Benefits

3. If applicable, do you receive reimbursement for:
   - day care expenses? ☐ Yes ☐ No $_____ / month reimbursement
   - medical expenses? ☐ Yes ☐ No $_____ / month reimbursement

4. If any of the children listed above have extraordinary on-going medical expenses, please describe the nature of the medical condition. Attach additional pages as needed._____

_____

_____

5. Do you have health insurance? ☐ Yes ☐ No
   Is it available through employment or union? ☐ Yes ☐ No

Name of Insurance Company:_____

Address:_____

Policy Number:_____ Certificate Number:_____

Name everyone who is covered by this policy:_____

_____

_____

Total health insurance premium paid per month: $_____

How much for Adults? $_____ Children? $_____ How many children are covered? _____

C. HOUSEHOLD SIZE

Excluding all children, list everyone who lives in your house. Also list everyone, **except children** you pay support for even if they don't live with you, **if** you claim them as dependents for income tax purposes. Remember to include yourself.

In the following table, list the NAMES in column "A." List your RELATIONSHIP to the person in column "B." List the person's DATE OF BIRTH in column "C." Indicate if the person is your LEGAL DEPENDENT by circling "yes" or "no" in column "D." Indicate if the person has INCOME by circling "yes" or "no" in column "E." Attach additional pages as needed.

SECTION B - *Children's expenses and benefits chart; insurance information*

A	B	B	D	E
Name	**Relationship to you**	**Date of Birth**	**Is this person your Legal Dependent?**	**Does this person have income?**
	SELF		**YES**	YES NO
			YES NO	YES NO
			YES NO	YES NO
			YES NO	YES NO
			YES NO	YES NO

Attach a copy of any order requiring you to pay support

D. EMPLOYMENT

1. Are you currently employed? ☐ Yes ☐ No
2. Do you work at more than one job? ☐ Yes ☐ No

3. List your current employer(s) first and your past three employers:

Employer's name, address and telephone	Dates of employment	Average hours worked and current or ending pay	P-Permanent T-Temporary S-Seasonal	If temporary, date employment ends
	From_____	____hours per week		
	To_____	_____pay/hour		
	From_____	____hours per week		
	To_____	_____pay/hour		
	From_____	____hours per week		
	To_____	_____pay/hour		
	From_____	____hours per week		
	To_____	_____pay/hour		
	From_____	____hours per week		
	To_____	_____pay/hour		

If you have more employers, attach additional pages.

4. What kind of work do you/did you do for your employer(s)? _____

_____

SECTION C - *Household size*
SECTION D - *Employment information*

SECTION C - Household Size

List only those persons who live in your home, including roommates, spouses, and parents. Don't include any children.

In column D indicate if the person is your **legal dependent**. A partner living with you but not married to you is not a **legal dependent**.

In column E indicate if the person has any income.

SECTION D - Employment

Complete this section if you have ever been employed or self-employed.

You need to give information about each employer, the date you started and the date you terminated, how many hours you worked each week, and whether your job was permanent or temporary.

If your current job is temporary, tell when you expect this job to end.

You need to answer the question about your type of work.

Tell whether you belong to a union, and list union dues and information about your local.

You also need to answer questions about workers' compensation benefits or applications and unemployment benefits.

Please answer the questions in line 8 so it can be determined if income will be imputed.

5. Do you belong to a union? ☐ Yes ☐ No Union Dues per month $_____
If yes, name and address of your union local: _____

6. Do you receive workers' compensation, or occupational disease benefits? ☐ Yes ☐ No
If yes, name of state, agency, insurer or employer paying those benefits: _____

Claim Number:_____
If no, are you currently seeking workers' compensation benefits, or occupational disease benefits? ☐ Yes ☐ No
Are you negotiating for a lump-sum settlement? ☐ Yes ☐ No

7. Are you currently receiving unemployment benefits? ☐ Yes ☐ No
If yes, name of state or agency paying those benefits:_____

8. If unemployed or employed part-time, have you made any efforts to find full-time employment? ☐ Yes ☐ No
If yes, describe your job search: _____

If no, why not? _____

ATTACH ADDITIONAL PAGES AS NEEDED

E. INCOME

1. Do you receive any non-money pay from your employer, such as housing, groceries, meat, car or truck, utilities, phone service? ☐ Yes ☐ No
If yes, describe the non-money pay you receive, how often you receive it, and the value of the benefit:_____
Attach additional pages as needed.

2. If you are self-employed: Attach additional pages as needed.

•Describe your self-employment activities:_____

•How many hours per week do you spend engaged in self-employment activities? _____

•Are your self-employment activities the primary source of your income for meeting your living expenses? ☐ Yes ☐ No

•Do you receive loans to meet operating expenses for your self-employment activity? ☐ Yes ☐ No

3. Have you, in the past 12 months, received any prize, award, settlement or other one-time cash payment? ☐ Yes ☐ No

If yes, describe the payment, including the amount and its present location and value:_____

4. For any of your children receiving social security or veteran's benefits as a result of your disability, specify name of child and amount received:_____

5. In the following table, list all income which you now receive or have received in the last 12 months. If seasonal, list starting and ending date in the amount column. **ATTACH COPIES OF PAY STUBS FOR THE LAST THREE MONTHS. ATTACH COMPLETE COPIES OF FEDERAL INCOME TAX RETURNS FILED IN EACH OF THE PRECEDING TWO YEARS.** Include all schedules filed and W-2 forms. If you do not have pay stubs or W-2 forms, provide an employer's statement. Attach additional pages as needed.

SECTION D - *Employment information*
SECTION E - *Income information*

SECTION E - Income

Describe any benefits your employer provides to you such as meals, transportation, gas, housing. If you have **self-employment income** you must answer question 2 about your employment activities. Answer all questions. If an answer is zero or N/A, put that in.

You will need your pay stubs for the past 3 months and W-2 forms for the past 2 years to complete this section.

You must attach your tax returns for the past 2 years.

Fill out the table for all types of income received from any source. Be specific in listing your gross pay (amount received before taxes and deductions) and how often it is received (weekly, every other week, twice a month, monthly).

"Rents" is for any rental income paid to you, not how much rent you pay.

SECTION F - Deductions and Expenses

List the deductions from your income for taxes, FICA (also known as Social Security), Medicare, mandatory union dues, retirement payments in addition to FICA (but no more than 6.5% of your **gross income**), health insurance, and mandatory uniforms or work-related equipment, including safety equipment.

List any other **mandatory deductions**, although they may not be deductible for child support purposes. Only **mandatory deductions** are considered in computing child support. Voluntary deductions such as those to a credit union for repayment of a loan or contributions to a deferred compensation plan are not mandatory and should not be listed.

Please include any papers that show the amount and type of these deductions.

Income Source	Amount	How Often Received?	Income Source	Amount	How Often Received?
Gross Wages			AFDC Payments		
Unemployment			Food Stamps		
Workers' Compensation			Other Public Assistance		
Social Security Benefits			Veterans' Disability		
Retirement			Spousal Support		
Rents			Contract Receipts		
Interest Income			Dividend Income		
Bonuses			Reimbursements		
Profit (Loss) from Self-Employment			Fringe Benefits: _____		
Educational Grants			Dependents' Income		
Current Spouse's/ Partner's Income			Other: _____		

F. DEDUCTIONS AND EXPENSES

1. List deductions from your gross wages. Include expenses for mandatory uniforms or work-related equipment.

Attach pay stubs and proof of expenses.

DEDUCTION	AMOUNT	HOW OFTEN PAID?
Federal Income Tax		
State Income Tax		
FICA and Medicare		
Union Dues		
Retirement		
Health Insurance		
Other:_____		

If other deductions are made from your pay, attach additional pages as needed.

2. Do you have any extraordinary medical expenses for yourself, not reimbursed by insurance, your employer, or another,

SECTION E - *About your income--report all sources of income*
SECTION F - *Report all deductions from your income*

SECTION F *(continued)*

Example

Your work requires safety goggles and steel toe boots. These would be deductible. However, a deduction from your paycheck to repay a loan from the company credit union to pay Christmas bills would not be deductible.

List any **extraordinary medical expenses** for yourself which are not reimbursed, but which are necessary for your health or earning capacity. Please describe your circumstances and expenses.

List expenses such as child care, and in-home nursing care for **legal dependents** other than the children for whom support is being calculated. Explain whether these expenses are necessary for you to work and whether you are reimbursed for any of these expenses.

Examples

1. You have a child from another relationship who requires day care while you work. You are not reimbursed for any of the $200 per month cost. This would be a deductible expense.

*2. Your mother, who lives with you and who is your **legal dependent** requires in home nursing care. You could not work outside the home if you could not hire someone to come into your home to look after your mother. You receive partial reimbursement from medicare for these expenses. Only the portion that is not reimbursed would be a deductible expense.*

3. You are an insulin dependent diabetic. Your health insurance pays for the insulin, but not for the syringes, glucose strips, and your appointments with a dietitian. It is necessary for you to control your diabetes in order to continue to work. Those costs which aren't reimbursed would be a deductible expense.

Please list the amounts of your other monthly expenses in the chart provided.

which are necessary for you to maintain your health or your earning capacity? ☐ Yes ☐ No

If yes, describe fully, including the nature and amount of the expenses. Indicate whether the amounts are actual monthly costs, or represent average monthly costs, based on past expenses:_____

_____

_____

Attach additional pages as needed.

3. Do you pay for elder care, in-home nursing care, or similar items on behalf of household members who are also your legal dependents? ☐ Yes ☐ No

If yes:

- is the expense necessary to allow you to work? ☐ Yes ☐ No
- do you receive any reimbursement of the expenses from insurance, your employer, or another source? ☐ Yes ☐ No

If you answered "yes" to either question, describe fully, including the nature and amount of the expenses, and the dependent for whom the expense is incurred. Indicate whether the amounts are actual monthly costs, or represent average monthly costs, based on past expenses:_____

_____

Attach additional pages as needed.

4. List employment related expenses not shown elsewhere:_____

_____

_____

5. List other monthly expenses:

Expense	Amount	Expense	Amount
Housing		Clothing	
Utilities		Insurance Premiums *	
Food, Household Supplies		Entertainment	
Transportation		Court-Ordered Payments ** **(Attach copy of the Court order)**	
Dependents' Education Names:_____		Uninsured Health-Related Not Described Above	
Personal Education		All Other Payments	

* Do not include health insurance

** Do not include child support.

SECTION F - *Report all expenses that can be deducted from your income*

SECTION G - Assets

List all of your **assets**, even if you do not have 100% ownership in the asset. Tell what your ownership interest is in each asset.

If you own less than 100% of an asset, put down the percentage you own, or it will be assumed you own all of the asset.

Please list the full value for each asset and list the debt on the asset and to whom the debt is owed. Do not deduct **exemption** amounts on the Financial Affidavit.

SECTION H - Deviations/Variances

Read each statement carefully. If you think any of them applies to your situation please check the box and thoroughly explain why you believe it applies; give facts to support your claim. A variance cannot be considered unless you provide factual supporting evidence.

G. ASSETS

List all of your assets. Include any that you own jointly with another person(s) and show how much of it you own (example: 50%). "Fair Market Value" means how much is it worth, or how much could you sell it for. If you owe money on the asset, list the amount remaining to be paid by you, and to whom you make payments.

Asset	Description and Location of Asset	Fair Market Value	Amount Owed & To Whom Owed
Checking Account(s)	Bank: Acct.No.:	Balance:	
Savings Account(s)	Bank: Acct.No.:	Balance:	
Cash on Hand			
Savings Bonds			
Stocks/Bonds/CD's			
Home			
Other Real Estate			
Auto No. 1			
Auto No. 2			
Truck/Motorcycle			
Trailer/Camper/RV			
Boat/Snowmobile			
Retirement Account(s)			
Cash-Value Life Insurance			
Farm/Business Equipment			
Livestock/Poultry			
Other:_____			

List all other assets on a separate page, describing their location and fair market value in full.

H. DEVIATIONS/VARIANCES

In some cases, application of the guidelines may result in a child support amount which is not completely fair. A variation from the guideline amount may be proper. Specific findings of fact which support the variation must be made. A variation may decrease or increase the support amount, depending on the reason for the variation.

Do you claim any of the following factors as a reason to vary from the strict application of the guidelines? Check any boxes that apply:

☐ in the course of a dissolution of marriage, a property distribution between the parents or to the child was made instead of support.

☐ private, parochial or trade school tuition expenses for the child(ren) who is the subject of this calculation.

☐ cost of living differential based upon the geographical location of the parties.

☐ increased cost based upon the physical residence of the child with a third party, not a parent.

SECTION G - *Your **assets** (the things you own or are making payments on)*
SECTION H - *Grounds for deviations or variances from the guidelines*

☐ parent's overall financial condition.

☐ the custodial parent and child(ren) occupy the former family home free of charge or at substantially reduced costs.

☐ the non-custodial parent has been allotted the dependent tax deduction(s).

☐ the costs of supporting children age 16 or older require an adjustment.

☐ the costs of long-distance visitation require an adjustment.

☐ the child is a professional or is engaged in some money-making activity, and earns a large sum of money.

☐ OTHER: (Specific facts under MCA § 40-4-204 or § 40-6-116(5) which show that application of the guidelines is inequitable.)

IF YOU CHECKED **ANY** OF THESE BOXES, YOU MUST EXPLAIN YOUR REASONS FOR CLAIMING A DEVIATION. You must provide sufficient factual detail to support your claim. If you fail to provide this detail, your claim cannot be considered. Attach additional pages as needed.

Reasons for claiming a deviation from the guidelines:

VERIFICATION: You must sign this in front of a Notary Public.

STATE OF _____)
: ss.
COUNTY OF _____)

I declare, subject to penalties for perjury and false swearing, that I have read the foregoing affidavit and that the information contained in it and in any attachments to it is true and correct to the best of my knowledge, information and belief.

DATED this _____ day of _____, 19____.

_____
Affiant

SUBSCRIBED AND SWORN TO before me, a Notary Public for this State on the date and at the place written above.

(SEAL)

_____
NOTARY PUBLIC
Residing at: _____
My Commission Expires: _____

SECTION H - *Grounds for deviations or variances from the guidelines*
VERIFICATION

VERIFICATION

You must sign the Financial Affidavit in front of a notary public and have your signature notarized. If you are sending the original affidavit to the **CSED**, court or someone else, be sure to keep a copy for your records.

FILLING OUT THE WORKSHEETS

It is very important to fill out your Financial Affidavit before attempting to fill out the child support worksheets. You will need fully completed affidavits from both parents to have the information necessary to complete the worksheets.

In most cases, someone other than the parent will be filling out the child support worksheets (an attorney, **CSED** worker, law clerk, etc.). These worksheets are provided so that you are aware of how the support is calculated and can verify the figures used and the accuracy of the calculations. PLEASE NOTE: Tables used to calculate worksheet amounts are updated annually by the **CSED**.

Remember the terms in **bold print** (except for worksheet line names) are explained in the definitions section at the end of this booklet.

There are four Child Support Determination Worksheets. Unless you and your spouse have **shared or split custody**, you will only need to fill out Worksheets A and D. If you are uncertain what type of custody arrangement is involved, check the descriptions in the chart on the opposite page for various types of custody arrangements.

type of custody	definition	calculation
sole physical custody	One parent has physical custody, the other parent has visitation of 110 days and nights or less per year.	Use worksheet A
equal physical custody	Each parent has the children over 151 days and nights per year.	Use worksheet A
shared physical custody	Each parent has time when he/she has physical custody of the child(ren). One parent has child more than 110 days and nights a year but not more than 151 days and nights per year.	Use worksheets A & B
split physical custody	Each parent has primary physical custody of at least one of the children - can only be if there are two or more children.	Use worksheets A & C

In the lines provided on page 1 of Worksheet A, list the names and dates of birth of the children for whom you are calculating support. List both the father's and mother's names.

1. **Gross income** (annual). List all income each parent receives from any source, including money, and the value of goods and services for which the parent does not pay.

2. **Net value of assets.** List the **net value** of each parent's non-exempt **assets**, even if the parent is not the only owner of the asset. List the value of the part of the asset the parent owns. To determine the value of an asset you may need to check with an expert (blue book for cars, appraisal for house, etc.). Subtract any debt on the asset to arrive at the **net value**.

Exemptions

The following items do not need to be listed as ***assets*** *on the worksheet:*

1. Personal property not to exceed $4500 in total value
2.. Your net interest in one motor vehicle not to exceed $1200
3. Your interest in any professional books or tools not to exceed $3000 (mechanic's tools, computer etc.)
4. The cash value of any life insurance contract owned by you not to exceed $4000
5. Your ownership interest in your personal residence not to exceed $40,000

3. **Average 10-year U.S. Treasury constant maturity rate for previous calendar year.** This is commonly known as the T-Bill rate and the interest rate is changed annually. The rate for calculations done during 1997 is 6.44%. A new rate is released by the Federal Reserve System the first week in January each year.

4. **Annual income attributed to assets.**
Take the total for each column in section 2 and multiply it by the rate in section 3. Example: If the **net value of assets** in Mother's column in section 2 totals $10,000, you would multiply $10,000 x 6.44% = $644.00. This would be the annual income attributed to those **assets**.

5. **Total gross income.** Annual **gross income** plus annual income attributed to **assets** is the total annual gross income.

6. **Allowable deductions (annual).** Most of the information needed to complete lines 6a through 6m will be found in sections B, D, and F of the Financial Affidavit. Note that under retirement contributions (line 6i) you should list the amount you actually contribute, unless it exceeds 6.5% of your income. If so, enter 6.5% of your income. You may include

in line 6j the amounts for any **mandatory deductions** not shown in lines 6a through 6l. You may include in line 6m net extraordinary medical expenses for other children.

7. **Net income. Net income** is total **gross income** minus total allowable deductions.

8. **Net monthly income. Net income** divided by 12 equals net monthly income.

9. **Self support reserve.** Determine the size of household (line 9a) using Worksheet D. Of the people counted in line 9a, show in line 9b how many have income. Use Table 1 to determine the **self support reserve** for each parent.

TABLE 1 - SELF SUPPORT RESERVE

If the size of household (line 9a) is:	and the number of income earners (line 9b) is: 0 or 1	2	3	4	5	6	7	8
	Self-Support Reserve Amount is:							
1	658	–	–	–	–	–	–	–
2	884	492	–	–	–	–	–	–
3	1,111	606	437	–	–	–	–	–
4	1,338	719	513	410	–	–	–	–
5	1,564	832	588	466	393	–	–	–
6	1,791	946	664	523	438	382	–	–
7	2,018	1,059	739	580	484	420	374	–
8	2,244	1,171	815	636	529	457	406	368

Administrative Rules of Montana (ARM) 46.30.1521 (9/92)

Example

*If the size of the household (from Worksheet D) is 4 and the number of income earners is 1, the **self support reserve** is $1,338. Enter that amount on line 9c of Worksheet A.*

10. **Net available resources.** Subtract the **self support reserve** from the net monthly income for each parent. You must enter an amount on this line-if the amount is less than zero then enter zero.

    If net available resources for both parents is zero skip to line 23. Refer to Table 3 for the minimum contribution and enter that amount in line 23; otherwise go to line 11.

11. **Combined available resources.** Combined available resources is the total of available resources from the mother and the father.

12. **Parental share of combined resources.** Divide the available resources for each parent by the amount of the total available resources to find each parent's percentage of combined resources.

13. **Number of children due support in this action.** Of the children listed in Section B of the Financial Affidavit, enter the number for whom you are calculating support.

14. **Primary support need for number of children.** Table 2 lists the number of children in the left column and the amount of primary need for that number of children in the right column. Find the correct amount of primary need for the number of children you listed in line 13 and enter that amount in this line.

TABLE 2 - CHILDREN'S PRIMARY NEED

# OF CHILDREN	PRIMARY NEED
1	197
2	329
3	460
4	526
5	592
6	658
7	723
8	789

ADD $66 FOR EACH ADDITIONAL CHILD

15. **Parent's share of primary need.** Multiply each parent's percentage of combined resources (line 12, each column) by the primary support need (line 14).

16. **Supplement to primary need.** List the net monthly expenses for the children for whom you are calculating support, using the amounts from the second chart in Section B of the Financial Affidavit, and subtracting any reimbursements. Also be sure to list the net amount of any health insurance premium paid for the children.

17. **Parent's share of supplemental need.** Multiply each parent's percentage of combined resources (line 12, each column) by the total supplement to primary need (line 16e).

18. **Parent's share of total need.** Add each parent's share of primary need to each parent's share of supplemental need, to find each parent's share of total need.

IF EITHER PARENT'S SHARE OF TOTAL NEED IS ZERO, SKIP TO LINE 23 FOR THAT PARENT ONLY. REFER TO TABLE 3 FOR MINIMUM CONTRIBUTION AND ENTER THAT AMOUNT ON LINE 23.

19. **If line 18... .** If the parent's share of the total need is greater than or equal to that parent's net resources, enter that parent's net income here. If the parent's share of the total need is less than that parent's net resources, skip to line 21.

20. **Multiply line 19... .** Take the amount from line 19 and multiply it by .07 and enter the amount here. Compare to net available resources for that parent (line 10) and put the larger amount on line 23.

21. **Income available for SOLA.** Net available resources (line 10) minus parent's share of total need (line 18). Use this amount to get the SOLA amount from Table 4 and enter the amount from Table 4 on line 22.

22. **SOLA amount from Table 4.** Enter the SOLA amount from Table 4 here.

IF YOU HAVE SPLIT CUSTODY, GO TO WORKSHEET C. IF YOU HAVE SOLE CUSTODY, SHARED CUSTODY, OR EQUAL PHYSICAL CUSTODY, CONTINUE WITH LINE 23 NOW.

23. **Gross monthly obligation.** Gross monthly obligation is the parent's share of total need plus the SOLA amount from line 22.

24. **Credit for payment of expenses.** Enter the amount of monthly supplement to basic need actually paid by each parent (line 16e).

25. **Net monthly obligation before variance.** Gross monthly obligation (line 23) minus credit for payment of expenses (line 24). If less than zero, enter zero, except in split custody cases. For split custody, if less than zero, enter the negative number.

26. **Variance from Guidelines.** There are circumstances which may call for a variance in the guidelines. Some of them are listed on the worksheet. If you believe a variance fits your case, be sure to list information to support your claim.

Example

You are the parent who pays child support and you move to Alaska. Your wages go up, but so does your cost of living. Child support is calculated using your new wages, but using the Montana ***self support reserve****. If the cost of living in Alaska is 20% more than in Montana, it would be appropriate to ask for a variance based on your increased cost of living. Your* ***self support reserve*** *should increase by 20% which will affect the child support amount.*

27. **Total monthly obligation after variance.** To find the total monthly obligation after variance, use the following formula: line 25 (net monthly obligation for each parent) plus or minus line 26n (total variance for each parent).

IF YOU HAVE SHARED CUSTODY BUT NOT EQUAL SHARED CUSTODY, COMPLETE WORKSHEET B NOW. IF YOU HAVE SPLIT CUSTODY YOU SHOULD HAVE ALREADY COMPLETED WORKSHEET C-NOW GO TO LINE 29.

28. **Total monthly obligation per child.** To find the TOTAL MONTHLY OBLIGATION PER CHILD divide the total monthly obligation (line 27) by the number of children for whom you are calculating support (line 13).

Example

If the amount on line 27 is $350 and there are two children of the marriage then divide $350 by 2 = $175 per child.

If the parents have **equal physical custody** there are two ways to figure the amount of child support paid each month:

1. Each parent pays the amount on line 28 to the other parent only when the child is with the other parent.

OR

2. Multiply each parent's monthly obligation by 6. Then find the difference between the two six-month amounts, and divide that difference by 12. This is the amount that the parent owing the larger obligation will pay to the other parent every month.

Example (Method 2)

If the mother's obligation on line 28 is $120 per month and the father's obligation is $300 per month, multiply each amount by 6 to get $720 and $1,800, respectively. The difference between the two amounts is $1,080; divide this difference by 12, to get $90. The father will pay $90 to the mother every month, regardless of who has custody of the child that month.

29. **Total monthly obligation for split custody.** If both the amounts from line 27 are positive numbers, enter the amounts here. Each parent may pay the other this amount each month, **or** the parent owing the larger amount may pay the difference between the two amounts each month to the parent owing the smaller amount.

EXCEPTION FOR NEGATIVE AMOUNT: If one of the amounts from line 27 is negative, treat it as positive and add it to the amount from the other column. Then enter the total in the column that the larger amount came from; this is the amount the parent in that column must pay the other parent each month.

CAUTION: IF LINE 10 WORKSHEET A IS LESS THAN LINE 18 WORKSHEET A, THE PARENT'S OBLIGATION IS THE AMOUNT ON LINE 10 WORKSHEET A **OR** LINE 20 WORKSHEET A, MINUS LINE 11 WORKSHEET C, WHICHEVER IS MORE. THE RESULTING OBLIGATION SHOULD BE PRO-RATED AMONG THE CHILDREN BASED ON THEIR RELATIVE NEEDS AS SHOWN ON LINE 3 WORKSHEET C.

SPACE IS PROVIDED ON THE LAST PAGE OF WORKSHEET A FOR ANY ADDITIONAL COMMENTS. THE PERSON WHO PREPARED THE WORKSHEET SHOULD SIGN AND DATE IT.

WHAT DO THE WORDS MEAN?

ADMINISTRATIVELY - Describes an order which is set by the Child Support Enforcement Division or similar agency in another state using the administrative hearing procedure.

ASSETS - Anything of value which you own all or part of, or are making payments on.

CHILD CARE COSTS - The actual amount of money that a parent or someone else who has custody pays to have someone care for a child. This does not include any money the state or anyone else who does not have custody pays for your child's care.

CSED - The Child Support Enforcement Division is part of the Department of Public Health and Human Services. CSED is responsible for administering the child support guidelines.

CUSTODIAN - Can be a parent, other person or agency who has physical custody of a child.

EQUAL PHYSICAL CUSTODY - When the child or children actually stay with each parent for more than 151 days per year.

EXEMPTION - See page 20.

EXTRAORDINARY MEDICAL EXPENSES - Medical expenses which are outside the normal everyday expenses for an average person and which are not reimbursed. This includes expenses for someone with a chronic illness such as asthma or diabetes, as well as acute illnesses or accidents. This does not include any expenses paid by insurance, the state or any non-parent or non-**custodian**. Psychiatric treatment is included.

FAIR MARKET VALUE - The amount of money you would expect to get for an item if you sold it today. To find out the fair market value of any asset check with experts (blue book for cars, an appraiser for a house).

GROSS INCOME - Income received from all sources–including but not limited to wages, social security benefits other than SSI, veteran's affairs benefits, unemployment insurance, workers' compensation benefits, interest from investments (stocks, bonds, annuities, bank accounts), crop reduction program (CRP) or disaster payments, pensions–before any taxes or any other expenses are deducted. Gross income also includes **self-employment income** less reasonable cash expenses. Needs based programs such as **TANF**, SSI,

General Assistance, Bureau of Indian Affairs payments, Food Stamps, Subsidized Housing, Medicaid, etc. are not counted as income.

IMPUTED INCOME - CSED or the court will consider health, education and work history to decide how much a parent could earn if employed full time. Child support and welfare or disability benefits received are not income. If a parent is voluntarily unemployed or underemployed, imputed income is the income he or she would be capable of earning even if he or she had a job.

Example: If you are a parent who has been at home caring for your children, your income will be imputed at the amount you would be able to earn by working 40 hours a week for at least minimum wage, unless the cost of day care is such that you would not make more money after deductions than your **self support reserve**.

JOINT CUSTODY - Where both parents share the legal responsibility and make joint decisions regarding the child. Joint custody may exist in any of the defined types of physical custody.

JUDICIALLY - Describes an order which was set by a State District Court, a Tribal Court or a court of a foreign country.

LEGAL DEPENDENT - A natural or adopted minor child; special-needs adult child; your spouse; a person for whom a court has appointed you guardian or conservator; your parent, if you claim him or her as a dependent for income tax purposes; and yourself.

MANDATORY DEDUCTIONS - Deductions from your pay check required by law or as a condition of employment.

NET INCOME - The income left after certain **mandatory deductions** (taxes, union dues, retirement IRA contributions) have been taken from **gross income**.

NET VALUE (OF ASSETS) - The **fair market value** of an asset minus any debt on that asset. Example: The **fair market value** of a 1986 Oldsmobile Ciera is $2450. If you owe $1000 on the car, the net value of the asset is $1450.

PARTIES - The parents or **custodian**(s) of the child for whom support is calculated. In certain instances, as when a **custodian** is or has been receiving **TANF**, the State of Montana is a party to a child support action.

PRIMARY PHYSICAL CUSTODIAN - The **custodian** the child lives with more than 50% (one-half) of the time.

SECONDARY CUSTODIAN - The **custodian** who is not **primary physical custodian**.

SELF-EMPLOYMENT INCOME - **Gross income** less ordinary and necessary cash expenses for self employment or business operation.

SELF SUPPORT RESERVE - The minimum amount necessary according to the child support guidelines for a parent to provide himself or herself and other members of the household with basic necessities.

SHARED CUSTODY - When a child spends more than 110 days and nights but not more than 151 days and nights per year with the **secondary custodian**.

SOLE CUSTODY - Where one parent has the primary legal responsibility for the child and makes the major decisions regarding the child.

SPLIT CUSTODY - Where there are two or more children and each parent is the **primary custodian** of at least one child.

SUBSEQUENT FAMILY - The children and/or spouse for whom the parent becomes responsible (by birth, marriage, or establishment of a support order) after and separately from the child for whom support is being calculated.

TANF - Temporary Assistance to Needy Families, sometimes known as Welfare.

UNEARNED INCOME - Income you are getting which you are not earning from a job or business. Examples are investment income, CRP or disaster payments, lottery payments, Social Security payments, unemployment and workers' compensation payments, and retirement income.

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